

## TRANSITION OF HFP SUBSCRIBERS TO MEDI-CAL

### Draft Transition Plan

#### MEMBER NOTICES

- HFP Call Center Script
- General Subscriber Notice (Law change to HFP; Changes coming in 2013 affecting ALL families; More info to follow)
- 90 day notice – ALL PHASEs
- 60 day notice – ALL PHASEs
- 30 day notice – ALL PHASEs
- All notices include public/stakeholder input, CMS review/approval, modification by the Center for Health Literacy, translations
- Inform public re transition plan/schedule & include copies of ALL notices
  - HFP health, dental & vision plans
  - MRMIB website
  - MRMIB board meetings
  - IVR/PSA
  - CAA/EE Newsletter
  - CAA News Blast
  - Advocates (HFP Quarterly Meeting Attendees)
  - HFP Advisory Panel
  - Radio Bilingue Interview/PSA
  - Call Center Scripps

#### PLAN COORDINATION (Health, Dental & Vision)

- MRMIB & DHCS to begin “joint and coordinated” meetings with the Health, Dental and Vision Plans.
- Health Plan Network Analysis – Need health plans to assess network overlap “and” whether the providers in the Medi-Cal plan contracts are accepting patients. Some providers/provider groups establish enrollment caps. If there is an enrollment cap and they have or are close to reaching capacity, will the provider/provider group make an exception to continue serving these children at a lower rate?
- DENTAL ISSUES – Need to develop process with Maximus to transition Sacramento & Los Angeles County HFP children (within each phase) to the companion Medi-Cal dental plan. As with health plan network analysis, assess whether there are enrollment caps by dental group and if yes, provide information to MRMIB/DHCS.
- Dental Plan Network Analysis – For all other instances where there is no dental plan companion, provide DHCS with listing of dentist serving HFP children. As with health plan network analysis, assess whether there are enrollment caps by dental group and if yes, provide information to MRMIB/DHCS.

- VISION ISSUES – Need listing of vision providers so that DHCS can assess overlap and reach out to those providers not enrolled with them as well as to share with Medi-Cal Health Plans.

#### ADMINISTRATIVE VENDOR CHANGES

- Draft Letter Of Instruction to Maximus re transition phases and all the nuances such as which children to move over and when; secondary assessment on the dental plan overlap in Sacramento & Los Angeles county only;
- At the same time of transition, Maximus will be creating the Medi-Cal systems, i.e. financial to charge premiums only to those above 150% FPL and a fixed amount per child per month.
- Need to develop a plan to address anticipated increase in call volume due to transition; phase I will impact an estimated 208,000+ families many of whom will call just to confirm; this is a volume in addition to ongoing billing calls, and annual eligibility reviews.
- Need system changes to Health-eApp – Remove HFP name/logo, system logic to reflect the new income limits and the calculation results.
- For every child transition, Maximus will have to process 7 transactions to update MEDS, the health plan, dental plan and vision plan. This is a high volume of IT work at one time for the vendor as well as all the plans. This also poses a risk to members if a “glitche” occurs that was not discovered with system testing of the MEDS transactions, i.e. the member may not show up as eligible in MEDS.

#### OUTSTANDING POLICY ISSUES

- HFP Premiums (4<sup>th</sup> month free). Families with income greater than 150% FPL that transition to Medi-Cal in the month that they would have had free month will now be charged for that month under Medi-Cal. Working with DHCS on solution to accept the free month earned.

#### RECOMMENDED TRANSITION

- Transition of Phase I – 415,000 children no sooner than January 1, 2013; Due to volume of children and potential for “glitches on MEDS”, volume of transactions for each health, dental and vision plan, and excessive calls, recommend transition of these children as follows:
  - 138,000 in the month of January
  - 138,000 in the month of February
  - 138,000 in the month of March
- Transition Phase II – 249,000 children no sooner than April 1, 2013; recommend
  - 124,500 in the month of April
  - 124,500 in the month of May
- Transition Phase III – 173,000 children no sooner than August 1, 2013; recommend
  - 86,500 in the month of August
  - 86,500 in the month of September
- Transition Phase IV – 43,000 children no sooner than September 1, 2013